

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		①		1			55						
6		②		1			56						
7		③		1			57						
8		④		1			58						
9		⑤		1			59						
10		⑥		1			60						
11	/		/				61						
12		⑦		1			62						
13	/		/				63						
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48							98						
49							99						
50							100						
AL			2				TOTAL						
AL			10				IND.						
AL			12				DEP.						
IMS							TOTAL						
IMS							CLAIMS						

BEST AVAILABLE COPY